

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

45th 7/19/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  06/04/2014
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 257 PATTON LANE HARRIMAN, TN 37748		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Renaissance Terrace does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><b>F241</b></p> <p>1. Resident #53 was served and provided assistance with the meal immediately upon discovered by the CNA. The involved CNA was provided verbal reeducation by the Director of Nursing at the time of occurrence regarding the need to serve all the residents at the same table and assist in a timely manner.</p>		
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and interview, the facility failed to ensure dignity for one resident (#53), of five residents observed at one table during a dining observation in the west dining room.</p> <p>The findings included:</p> <p>Observation in the dining room, on June 2, 2014, from 12:00 p.m., to 12:15 p.m., revealed a table with five residents seated. Continued observation during that time revealed four of the residents had their lunches and were eating. One resident, #53, did not receive a lunch tray during that time. Further observation revealed other tables were being served at that time.</p> <p>Interview with Certified Nurse Assistant (CNA) #1 in the dining room on June 2, 2014, at 12:12 p.m.,</p>	F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ronald R. R.*

Administrator

06-18-14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 revealed CNA #1 stated resident #53 required assistance to be fed. Continued interview confirmed CNA #1 stated there had been no chairs available for CNA #1 to sit beside resident #53 and assist with feeding at the time the rest of the table was served.  Review of the facility's policy for Dining Service Standard revealed, "...meals are served table by table..."  Interview with the Director of Nursing (DON), in the DON's office on June 4, 2014, at 1:00 p.m. confirmed fifteen minutes had been too long for resident #53 to wait for lunch while others were eating at the same table and confirmed it was a dignity issue.	F 241	2. Observations in the West dining room were performed on 06/03/14 by the Director of Nursing to ensure residents at the same table are served and assisted. No other issues were noted.		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on medical record review, facility procedure review and interview, the facility failed to develop an individualized bladder retraining program for one resident (#115) of two residents	F 315	4. The Director of Nursing, Dietary Manager, or designee, will complete dining audits daily for fourteen (14) days for two (2) meals, then weekly for two (2) weeks, and monthly for two (2) months to ensure compliance is achieved and sustained. The Director of Nursing, Dietary Manager, or designee will review and analyze the results and discuss with the monthly Performance Improvement (PI) Committee. The PI Committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director,		

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F 241	Continued From page 1 revealed CNA #1 stated resident #53 required assistance to be fed. Continued interview confirmed CNA #1 stated there had been no chairs available for CNA #1 to sit beside resident #53 and assist with feeding at the time the rest of the table was served.  Review of the facility's policy for Dining Service Standard revealed, "...meals are served table by table..."  Interview with the Director of Nursing (DON), in the DON's office on June 4, 2014, at 1:00 p.m. confirmed fifteen minutes had been too long for resident #53 to wait for lunch while others were eating at the same table and confirmed it was a dignity issue.	F 241	Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator. The continuation of audits will be directed by the PI Committee on the results of the audits.	6/24/14	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on medical record review, facility procedure review and interview, the facility failed to develop an individualized bladder retraining program for one resident (#115) of two residents	F 315	1. Resident #115 no longer resides in the facility.  2. An audit of residents, comparing the last two (2) MDS for changes in continence pattern was conducted on 06/09/14 and 06/10/14 by the Director of Nursing and the MDS Coordinator. No others were identified with a decline in bladder function.  3. The Director of Nursing conducted re-education with the MDS Coordinator and Assistant Director of Nursing on 06/10/14 regarding individualized bladder retraining program for residents with identified changes in incontinence patterns.		

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F 315	Continued From page 2 reviewed for urinary incontinence of thirty-three residents reviewed.  The findings included:  Resident #115 was admitted to the facility February 20, 2014, with diagnoses including End Stage Renal Disease, Pneumonia, Anemia, Coronary Artery Disease, and Hypertension.  Medical record review of the Admission Minimum Data Set (MDS) dated March 4, 2014, revealed the resident was occasionally incontinent of urine (less than 7 episodes of incontinence).  Medical record review of the MDS dated March 18, 2014, revealed the resident was frequently incontinent of urine (7 or more episodes of urinary incontinence).  Medical record review of the Bowel and Bladder Continence Evaluation, undated, initiated on admission, dated February 20, 21, and 22, 2014, revealed seven episodes of incontinence out of forty-seven opportunities. Continued review revealed the evaluation, the selected program, and interventions had not been completed by nursing.  Interview on June 3, 2014, at 2:30p.m., in the east wing nursing station, with the Unit Manager Registered Nurse, confirmed an individualized bladder retraining program had not been developed for Resident #115.	F 315	MDS Coordinator will notify the Director of Nurses/designee of resident changes in continence pattern from the prior MDS for initiation of individualized bladder training if indicated.  4. The Director of Nurses, or designee, will complete an audit of Section H of the MDS for residents with a decline in continence weekly for four (4) weeks and monthly for two (2) months to ensure compliance is achieved and sustained. Findings will be reviewed with the charge nurse/designee for follow up if indicated. The Director of Nursing, or designee, will report findings to the monthly Performance Improvement (PI) Committee for one quarter for further recommendation and/or suggestions and follow-up as needed. The monthly Performance Improvement (PI) Committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			

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F 315	<p>Continued From page 2 reviewed for urinary incontinence of thirty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #115 was admitted to the facility February 20, 2014, with diagnoses including End Stage Renal Disease, Pneumonia, Anemia, Coronary Artery Disease, and Hypertension.</p> <p>Medical record review of the Admission Minimum Data Set (MDS) dated March 4, 2014, revealed the resident was occasionally incontinent of urine (less than 7 episodes of incontinence).</p> <p>Medical record review of the MDS dated March 18, 2014, revealed the resident was frequently incontinent of urine (7 or more episodes of urinary incontinence).</p> <p>Medical record review of the Bowel and Bladder Continence Evaluation, undated, initiated on admission, dated February 20, 21, and 22, 2014, revealed seven episodes of incontinence out of forty-seven opportunities. Continued review revealed the evaluation, the selected program, and interventions had not been completed by nursing.</p> <p>Interview on June 3, 2014, at 2:30p.m., in the east wing nursing station, with the Unit Manager Registered Nurse, confirmed an individualized bladder retraining program had not been developed for Resident #115.</p>	F 315	<p>Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.</p> <p><b>F371</b></p> <ol style="list-style-type: none"> <li>1. Upon discovery, food items that were identified as not labeled and dated were discarded. Food items identified as being freezer burned were discarded. The ground beef was moved to the lowest shelf and the rolls and pudding were discarded. The orange sherbet was discarded. The brown gravy and sweet and sour sauce were discarded. The milk from the dining room was discarded by the Dietary Manager. The grills on the cooler fans were cleaned by the Dietary Manager.</li> <li>2. The Dietary Manager completed an audit of all food storage areas to ensure all food items were properly labeled and covered, have no freezer burn, were placed on the proper shelf, milk was at the proper temperature, and the walk-in cooler fan covers were clean on 06/02/14. Corrective actions taken as indicated.</li> </ol>	6/24/14	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			

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F 371	<p>Continued From page 3</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, facility policy / procedure review and interview, the facility failed to maintain a sanitary kitchen by not properly storing food, not monitoring expired prepared food, and not cleaning exhaust fans for the one of one kitchen reviewed.</p> <p>The findings included:</p> <p>Observation on June 2, 2014, at 8:10 a.m., with the Dietary Manager, in the kitchen dry storage area, revealed the following items all opened, undated and unlabeled: one bag of egg noodles, one bag of penne pasta, one bag of candied sprinkles, two loaves of sliced bread, and one package of hamburger buns.</p> <p>Observation on June 2, 2014, at 8:15 a.m., with the Dietary Manager, of the chest freezer, revealed one plastic container of orange sherbet with a cracked lid.</p> <p>Observation on June 2, 2014, at 8:20 a.m., with the Dietary Manager, of the standup freezer, revealed brownie puree with unsecured plastic wrap and aluminum foil over a plastic container.</p>	F 371	<p>3. The Administrator re-educated the Dietary Manager on proper storage, labeling and dating of food items, proper method of thawing and storing raw meat, milk temperature at service and cleaning the exhaust fan grates on 06/10/14. The Dietary Manager re-educated dietary staff on proper storage, labeling and dating of food items, proper method of thawing and storing raw meat, milk temperature at service and cleaning the exhaust fan grates on. Education completed by 06/16/14.</p> <p>4. The Dietary Manager/designee will audit dry and cold storage areas for proper dating/labeling process, storage and cleaning process daily for fourteen (14) days. Afterwards, audits will be conducted five (5) days a week for two (2) weeks and then weekly for one month with corrective measures as indicated. Milk temperatures will be audited at service delivery weekly for four (4) weeks, then monthly for two months. The Dietary Manager/designee will report trends identified to the monthly PI Committee for further evaluation and recommendations. Monthly audits will be conducted until the PI</p>		

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F 371	<p>Continued From page 4</p> <p>Continued observation revealed freezer burn on the brownie puree.</p> <p>Observation on June 2, 2014, at 8:25 a.m., with the Dietary Manager, in the walk-in cooler, revealed a container of raw ground beef on the second of four shelves. Continued observation revealed the ground beef was stored above a pan of unbaked bread rolls and three bowls of pudding. Further observation revealed a container of prepared brown gravy with a hole in the aluminum foil and prepared sweet and sour sauce dated May 24, 2014.</p> <p>Observation on June 2, 2014, at 8:30 a.m., with the Dietary Manager, in the walk-in cooler, revealed a dual exhaust fan with debris.</p> <p>Observation on June 2, 2014, at 8:35 a.m., with the Dietary Manager, in the walk-in outside freezer, revealed the following items all opened, undated and unlabeled: one box of green peas, one box of green beans, and one box of pepperoni.</p> <p>Observation on June 2, 2014, at 11:45 a.m., with the Dietary Manager, during the lunch service in the dining room, revealed three gallons of 2% (percent) milk in an ice filled pan. Further observation revealed a temperature of 48 degrees for two out of three gallons of milk.</p> <p>Review of the facility policy, Food and Nutrition Services Policies and Procedures, revised June 2014, revealed "...open packages are stored in closed containers, tightly secured.... and includes the "use by" date...items that are removed from the original box are individually dated..."</p> <p>Continued review of the "Use By" Dating</p>	F 371	<p>Committee determines they are no longer necessary. The monthly Performance Improvement (PI) Committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.</p>	6/24/14	

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F 371	Continued From page 5 Guidelines, revised October 2013, revealed "...use by' date 7 days after opening..." Further review of the facility procedure, Dietary Equipment Inspection Checklist, undated, revealed "...refrigerators and freezers...clean as required..."  Interview on June 2, 2014, at 8:40 a.m., with the Dietary Manager, in the kitchen, confirmed the facility failed to follow the facility policy for food storage, failed to follow the use by date for expired prepared food, failed to hold milk at the proper temperature, and failed to clean the exhaust fan.	F 371			